International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 7 Issue 2, March-April 2023 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

A Study on the Attitude of Tribal Woman towards Re-Productive Health

Dr. Agnes Febiola. X[1], Saranya. S[2]

[1]Associate Professor, PG and Research Department of Social Work,
[2]II MSW Student, PG and Research Department of Social Work,
[1,2]Hindusthan College of Arts & Science, Coimbatore, Tamil Nadu, India

ABSTRACT

Reproductive health covers all matters relating to the reproductive system, at all stages of life. Good reproductive health for women begins in childhood and the teen years. Things such as nutrition, environment, education, income level, and cultural practices influence your reproductive health. Good reproductive health benefits the health and well-being of our family. It can improve the social and economic situation of you and our family. And most importantly, it can help make sure that every infant is wanted, loved and has a chance to grow up healthy. The present study concludes that 1/4th (59%) of the respondents attitude are neutral, 21percent of the respondent's attitude are positive, and 19percent of the respondent attitude is negative towards sexual and reproductive health.

KEYWORDS: *Attitudes, Sexual Reproductive Health*

How to cite this paper: Dr. Agnes Febiola. X | Saranya. S "A Study on the Attitude of Tribal Woman towards Re-Productive Health" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-7 | Issue-2, April 2023, pp.1022-1025, URL: www.ijtsrd.com/papers/ijtsrd56237.pdf

IJTSRD56237

INTRODUCTION

According to The World Health Organization (WHO), Reproductive health is defined as a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.

Reproductive Health in India

The National Family Welfare Programme, established in India during the late 1950s, has averted about 168 million births since its inception. However the birth rates and maternal/infant morbidity and mortality rates remain high and unsafe abortions continue in some major states of the country, especially in the northern region. There is little, if any, information on the prevalence of sexually transmitted diseases (STDs) and reproductive tract infections (RTIs) in the country. Therefore, much more needs to be done to achieve, in a short time, the twin goals of improving the reproductive health and stabilizing population growth in India.

Current status of reproductive health

The National Family Welfare Programme was launched in 1951. Today, however, the demographic and reproductive health scene is quite different. Since the inception of the national program, mortality has fallen by nearly two-thirds, fertility declined by two-fifths, and life expectancy at birth almost doubled. India's population has more than doubled since 1961.

Mortality and fertility declined and were roughly parallel for many years, so that the growth rate remained above 2 per cent per year until 1991. By 1992, India had achieved 60 per cent of its goal of replacement fertility (2 births per woman), with fertility having declined from about 6 to 3.4 births per

woman, Demand for fertility reduction is high; meeting the unmet demand for family planning would take India more than half the remaining distance to the replacement fertility level.

During the past decade, the program has gradually shifted from a major emphasis on family planning alone to a broader effort to improve maternal and child health. India launched the Child Survival and Safe Motherhood (CSSM) Programme in 1992, which represented a significant step towards the reproductive health approach. The current achievements of the National

Benefits of healthy birth spacing

- Baby can be born at the right time and have a healthy weight.
- Baby can develop well because Mom can give lots of attention to the baby.
- Mom will have more energy and be less "stressed out".
- Mom will have more time to bond with the baby.
- Future babies will be healthier because Mom's body had enough time to replace nutrient stores before getting pregnant again.
- Families have more time to bond with each child.
- Parents have more time for each other.
- Parents can have time to themselves.
- Families can have less financial stress.

REVIEW OF LITERATURE

Czech Republic 1993

This report describes the 1993 Czech Republic Reproductive Health Survey and its major findings. The survey was carried out at a time when major reforms in the Czech health care system were underway. It was intended to serve several purposes, among them: updating basic information regarding such topics as family planning use and needs, use of maternal and child health services, and selected women's health issues; determining reproductive health needs for the country as a whole and for population subgroups; and more closely examining some reproductive health topics of special interest, for instance the reasons for high incidence of induced abortion and low prevalence of modern contraceptive use.

Gupta and Jain 1998

In their study found that only 65.8 per cent girls had information about the onset of menses before it started (this study included only school and college-going girls, who are likely to have better access to information either from peers in school/college or mothers). The studies conducted in different parts of the country indicate mother and peers as the major source of information on menstruation

Mozambique: Young Adult Reproductive Health and Behavioral Risk Survey 2001

Final report for the national Young Adult Reproductive Health and Behavioral Risk Survey conducted in 2001 in Mozambique, includes interviews with 5,338 females and 5,150 males 15–24 years of age. In addition to reproductive health, content includes sexual behavior and knowledge of HIV/AIDS transmission and prevention.

S. Singh2004 Gaps in sexual and reproductive health care account for nearly one fifth of the worldwide burden of illness and premature death, and one third of the illness and death among women of reproductive age

Hamdani, L. 2006) sexual reproductive health (SRH) is closely associated with marriage as there are strong social mores which discourage sexual activity outside of marriage. For many women, early marriage is followed by early and closely spaced pregnancies, resulting in high levels of maternal mortality and morbidity.

Methodology of the Study

Objectives of the Study

- To study the socio demography conditions of the respondents
- To identify the attitudes of Sexual/Reproductive Health
- To suggestive healthy sexual/reproductive health care practice

Research design: The researcher followed descriptive research design for the study.

Universe of the study: The universe of the study over's all the women living in Mailadumparai & Mavdap. Tribal area (hamlet) in Udumalpet. The total population of selected Mailadumparai area (hamlet) is 173, among that 54 are women under reproductive age, and total population of selected Mavdap area (hamlet) is 127, among that 30 are women under reproductive age, totally 84 respondents are included for this study.

Sampling: 84 Respondents were selected for data collection by Multi Stage Sampling.

Tools for data collection: The researcher used interview schedule method for data collection; Researcher constructed her own interview schedule which consists of these three parts. First part contains question related to the personal profile, In order to the Attitudes towards Sexual and Reproductive Health, a scale standardized scale developed by surmanidze, g. tsuladze, 1989, was used. The scale consist 44 items with option as agree, disagree, don't know. Depending upon the nature of the statement, that is positive and negative, the rating are assigned in the

ordered of 1to 3for agree to don't know and for the negative items the rating reversed. The increasing score is indicating the higher degree of reproductive health attitude.

Finds of the Study

Age

More than one fourth of the respondents (38%) belonging to the age group of 21-35 years.

Marital status

More than half of the respondents (51%) are married.

Economic condition

More than three fifth of the respondents (69%) belonging to poor economic condition

Educational qualification

More than one fourth of the respondents (38%) have completed up to 5th standard.

Family

More than two fourth of the respondents (59%) are from nuclear family.

RESPONDENTS ATTITUDE TOWARDS SEXUAL AND REPRODUCTIVE HEALTH

ATTITUDE	FREQUENCY	PERCENTAGE%
POSITIVE	18	21.4
NEUTRAL	50	59.5
NEGATIVE	16	19
Total	**84**	**100**

The above table shows that more 1/4th (59%) of the respondents attitude are neutral, 21percent of the respondent's attitude are positive, and 19percent of the respondent attitude is negative towards sexual and reproductive health.

Influence of Socio Economic Factors on Attitude towards reproductive health

Variables	Statistical tool	Value	Result
Attitude on age based on reproductive health	ANOVA	F= .423 P>0.05	Not-Significant
Attitude on occupation based on reproductive health	ANOVA	F= .454 P>0.05	Not Significant
Attitude on marital status based on reproductive health	ANOVA	F= 1.776 P>0.05	Not-Significant

The one way ANOVA shows that there is a no significant difference in the level of women reproductive health attitude and age of the respondents at 0.05 levels. It is inferred that age does not influence the reproductive health.

The one way ANOVA shows that there is a no significant difference in the level of women reproductive health attitude and marital status of the respondents at 0.05 levels. It is inferred that marital status does not influence the reproductive health.

The one way ANOVA shows that there is a no significant difference in the level of women reproductive health attitude and occupation of the respondents at 0.05 levels. It is inferred that occupation does not influence the reproductive health.

Recommendations

1. Considering the opinions of the respondent parents and the incomplete level of knowledge of tribal concerning issues of reproductive health, the above-mentioned education should Start in schools at the age of 7-8 years in form of explanations, seminars and conversations (individual, in small groups), and both compulsory and elective courses should be offered.
2. It is necessary to pinpoint issues of reproductive health while teaching biology, especially anatomy and physiology, since, as the research showed, the majority of adolescents interviewed do not have sufficient knowledge about normal variations of puberty and disorders, pregnancy, required hygienic measures and others, which increase the risks to their health.
3. Increase the role of parents as sources of reliable information for adolescents in the field of reproductive health. Also, considering the opinion of respondent parents, it is expedient to ensure their broader involvement in the education of their children after they are properly trained (establishment of schools for parents, development of special training program and system for parents, preparation and publication of supplementary literature) with the participation of the state.
4. To improve the demographic situation in the country, it is necessary to strengthen the youth policy in the direction of developing a social safety net for young people (employment, family and child assistance, preferential credits for studies, purchase of apartments), which will

instill in them the faith in a stable future and helps them bring the number of desired children closer to the number of children they actually have.

Conclusion

Tribal are usually characterized by high rates of poverty and unemployment they are seen as "breeding ground for much illness" due to unsanitary condition. Malnutrition and lack of health care. Through this study the plight of tribal women were brought to light and through his study certain suggestion were given by the researcher to enhance the life style of the tribal women's in general also it can be helpful to adopt the healthy life in future.

Reference

[1] Blanc K.A, Way A. A. 1998. *Sexual Behavior and Contraceptive Knowledge and Use among Adolescents in Developing Countries.* **Studies in Family Planning: Adolescent Reproductive Behavior in the Developing World,** June, V. 29, N.2, pp.106-16.

[2] Cage J. A.1998. *Sexual Activity and Contraceptive Use: The Components of the Decision-making Process.* **Studies in Family Planning: Adolescent Reproductive Behavior in the Developing World,** June, V. 29, N.2, pp.154-66.ü

[3] Friedman L. H, Edstrom G. K. 1983. **Adolescent Reproductive Health: An Approach to Planning Health Service Research,** WHO Offset Publication No: 77. Geneva.

[4] Hacettepe University Institute of Population Studies. 1999. **A Baseline Survey of the Project for Applying Information Education and Communication Approach and Provide Public Support in Slum Areas of Turkey,** Ankara.

[5] Hacettepe University Institute of Population Studies, Measure DHS+, Macro International Inc.1999.**Turkish Population and Health Survey 1998,** Ankara.

[6] Hardoff D, Tamir A and Paltı H. 1999. **Attitudes and Practices of the Israeli Physicians Toward Adolescent Health Care**, A national survey, Journal of Adolescent Health, 25: 35-39.

[7] Hughes J, Mccauley P. A. 1998. *Improving the Fit: Adolescents' Needs and Future Programs for Sexual and Reproductive Health in Developing Countries.* **Studies in Family Planning: Adolescent Reproductive Behavior in the Developing World,** June, V. 29, N.2, pp. 233-45.

[8] Koc, I., Unalan, T. 2000. *Adolescent Reproductive Behavior in Turkey,* **The Turkish Journal of Population Studies,** V. 22, pp.37-56.